



Virginia Department of Motor Vehicles
P.O. Box 27412 Richmond, Va. 23269-0001
www.dmvnow.com

VSA 70 (Rev. 05/01)

**POWER OF ATTORNEY TO SIGN FOR OWNER WHEN REGISTERING
AND/OR TRANSFERRING OWNERSHIP OF A MOTOR VEHICLE**

VEHICLE OWNER(S):			POWER OF ATTORNEY GRANTED TO:		
Last	First	Middle	Last	First	Middle
Print Name			Print Name		
Print Street Address or RFD No.			Print Street Address or RFD No.		
Print City or Post Office	State	Zip Code	Print City or Post Office	State	Zip Code

Vehicle Make	Body Type	Model Year	Vehicle Identification No.(VIN)	Title No.
--------------	-----------	------------	---------------------------------	-----------

I/We, being the owner(s) of the motor vehicle described above, by these presents do make, constitute, and appoint the person named above true and lawful attorney-in-fact to sign in my/our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and/or transfer ownership of said motor vehicle; and I/we do hereby grant unto said attorney-in fact full authority and power to do and perform any and all other acts necessary or incidents to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

_____ Written Signature of Owner(s)		_____ Social Security No(s). (Employer's Identification No. if vehicle owned by company or corporation)	_____ Date
--	--	--	---------------